HUMAN SUBJECTS CONSENT FORM

The following is a brief summary of the project in which you are asked to participate. Please read this information before signing the statement below. You must be of legal age or must be co-signed by parent or guardian to participate in this study.

TITLE OF PROJECT:

PURPOSE OF STUDY/PROJECT:

SUBJECTS: ……. you are being invited to participate in this study. If you choose to participate and give your informed consent, data will then be collected over the next 2 hours.

PROCEDURE: During the initial session, the research study will be verbally explained by the Project Director to the you, and you will answer a Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) to assess your general health and a health history. Any answer of "yes" on the PAR-Q+ (except for controlled high blood pressure) will automatically disqualify you.
Following the completion of consent and the PAR-Q+,
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BENEFITS/COMPENSATION: In this study, you will learn about your physical fitness level, general health, and blood pressure responses to different apparatuses that may be used in your field. No compensation will be provided. Furthermore, you will receive a copy of the abstract upon request at the conclusion of the project.

RISKS, DISCOMFORTS, ALTERNATIVE TREATMENTS: You understand that Louisiana Tech University is not able to offer financial compensation nor to absorb the costs of medical treatment should you be injured as a result of participating in this research. All tests involved in this study present minimal risks to you, and are very similar to what you would normally experience during a work day.
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You understand that Louisiana Tech is not able to offer financial compensation nor to absorb the costs of medical treatment should you be injured as a result of participating in this research. The following disclosure applies to all participants using online survey tools: This server may collect information and your IP address indirectly and automatically via "cookies".

I,_____, attest with my signature that I have read and understood the following description of the study, "Assessment of Blood Pressure Responses to Various Load Bearing Apparatuses in Police Officers", and its purposes and methods. I understand that my participation in this research is strictly voluntary and my participation or refusal to participate in this study will not affect my relationship with Louisiana Tech University, or the Police Department, or my grades in any way. Further, I understand that I may withdraw at any time or refuse to answer any questions without penalty. Upon completion of the study, I understand that the results will be freely available to me upon request. I understand that the results of the material will be confidential, accessible only to the principal investigators, myself, or a legally appointed representative. I have not been requested to waive nor do I waive any of my rights related to participating in this study.

Signature of Participant _____ Date _____

CONTACT INFORMATION: The principal experimenters listed below may be reached to Answer questions about the research, subjects' rights, or related matters.

PRINCIPAL INVESTIGATOR:

Members of the Human Use Committee of Louisiana Tech University may also be contacted if a problem cannot be discussed with the experimenters:
Dr. ……., Office of Intellectual Property & Commercialization

Ph: , Email: